

Renewal Fee: _____
Delinquency Penalty: _____
Total Due: _____

CERTIFIED TECHNICIAN REINSTATEMENT APPLICATION
ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1400 W. Washington, Room 240, Phoenix, Arizona 85007
(602) 364-1-PET www.vetboard.az.gov

I hereby apply for reinstatement of Veterinary Technician Certificate _____ in the State of Arizona pursuant to A.R.S. §32-2247.

Name: _____
Last First Middle

Street Address City State Zip

Area Code + Telephone: _____
Home Business

Employed By: _____

Street Address City State Zip

During the preceding two years I have completed at least 10 hours of continuing education as follows: (List name of the course, date of each course, and number of credit hours attended. Please attach copies of certificates of attendance if available.)

PLEASE COMPLETE THE ARIZONA STATEMENT OF CITIZENSHIP FORM AND INCLUDE ALL NECESSARY DOCUMENTATION. IF A NAME CHANGE HAS OCCURRED LEGAL DOCUMENTS SUCH AS A MARRIAGE CERTIFICATE OR DIVORCE PAPERS, NEED TO BE SENT AS WELL. DRIVER'S LICENSES OR SOCIAL SECURITY CARDS ARE NOT CONSIDERED ACCEPTABLE FOR THIS PURPOSE.

I am currently licensed/certified/registered as a veterinary technician in the following states:

_____ and I am not currently under investigation nor have I been investigated and found guilty of any violation of the state practice act of any state(s) in which I have been licensed/certified/registered.

I, _____, being duly sworn, state that I have read the foregoing application and know the contents thereof and that all statements and answers therein are true.

Signature of Applicant _____ Date _____

STATE OF _____ COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

S E A L

Notary: _____